

REMARKS

This Amendment and Response to Final Office Action is being submitted in response to the final Office Action mailed October 17, 2005. Claims 1-24 are pending in the Application. Claims 1-24 stand rejected under 35 U.S.C. 102(b) as being anticipated by Fellegara et al. (U.S. Patent No. 5,592,374).

In response to this rejection, Claims 1, 10, 18, and 20 have been amended to further clarify the subject matter which Applicants regard as the invention. These amendments are fully supported in the Specification, Drawings, and Claims of the Application and no new matter has been added. Based upon the amendments, reconsideration of the Application is respectfully requested, without further search, in view of the following remarks.

Rejection of Claims 1-24 Under 35 U.S.C. 102(b) – Fellegara et al.:

Claims 1-24 stand rejected under 35 U.S.C. 102(b) as being anticipated by Fellegara et al. (U.S. Patent No. 5,592,374). Specifically, regarding independent Claims 1, 10, and 18, Examiner indicates that Fellegara et al. disclose a patient identification and x-ray exam data collection system (see Abstract; column 3, lines 13+) that includes a patient barcode (see column 3, lines 18+) encoded with patient information that may be read into a header file (see column 2, lines 33+; column 3, lines 56-62). Examiner also indicates that a medical imaging device is adjusted based upon this patient information, which may be selectively changed (see column 2, lines 46-61; column 5, lines 3-14).

As argued previously, however, Fellegara et al. do not disclose, teach, or suggest the use of a medical imaging system equipped with *programming* for *automatically* selecting an *optimal data acquisition protocol*, wherein the medical imaging system reads information from a programmable identification tag and then the *programming automatically* selects the *optimal data acquisition protocol* based, at least in part, on the

predetermined information about the patient that is stored in the programmable identification tag, as recited in previously-pending independent Claims 1, 10, and 18.

Rather, Fellegara et al. disclose a system for ***matching patient x-ray exam data with a previously-acquired patient x-ray image*** (see Abstract). Specifically, column 2, lines 46-61, cited by Examiner and referring to U.S. Patent Application No. 981,144 to Godlewski et al. (abandoned and continued in U.S. Patent No. 5,551,428), disclose ***associating patient information with one or more previously-acquired medical images such that each may be, to some extent, customized and directed to a pre-selected destination*** (see Abstract; column 1, lines 7-13). Likewise, column 5, lines 3-14, cited by Examiner, disclose scanning exam-related x-ray information from a barcode associated with an x-ray generator and, for example, previously-entered instructions related to how an image should be taken.

In other words, the system of the present invention is intelligent and is capable of processing information that it receives from a patient identification tag, among other sources, to formulate an image acquisition protocol, automatically and independent of any operator intervention. The systems of the references, however, simply associate information with one or more images, or provide very basic information that an operator can then use, independent of the system, to formulate an image acquisition protocol or reformat one or more images. These systems still require extensive operator intervention.

Again, it should be noted that Examiner has offered no meaningful rejection of Claim 9, related to a monitor associated with the patient identification tag for actually measuring physical parameters of interest, as opposed to simply recording them.

In addition to the above arguments, independent Claims 1, 10, and 18 have been amended herein to recite:

1. A patient-centric data acquisition protocol selection system, comprising:
 - a programmable identification tag storing predetermined information about a patient, wherein the predetermined information is selectively retrieved therefrom;
 - a medical imaging system in communication with the programmable identification tag;
 - programming associated with the medical imaging system for automatically selecting an optimal data acquisition protocol; and
 - a database storing reference information about other patients and data acquisition protocols associated therewith;***wherein the medical imaging system selectively reads the predetermined information from the programmable identification tag and then the programming automatically selects the optimal data acquisition protocol based on the predetermined information about the patient that is stored in the programmable identification tag ***and the reference information about the other patients and the data acquisition protocols associated therewith that is stored in the database.***
10. A patient-centric data acquisition protocol selection method, comprising the steps of:
 - providing an identification tag to a patient, the identification tag storing predetermined information about the patient therein and allowing the stored predetermined information about the patient to be retrieved therefrom;
 - selectively transferring the predetermined information about the patient from the identification tag to a medical imaging system;
 - automatically selecting an optimal data acquisition protocol based on the predetermined information about the patient that is transferred to the medical imaging system from the identification tag ***and reference information about other patients and data acquisition protocols associated therewith transferred to the medical imaging system from a database;***
 - performing a medical imaging scan of the patient utilizing the optimal data acquisition protocol; and
 - generating an image of an area of interest of the patient from data acquired during the medical imaging scan.
18. A medical imaging system, comprising:
 - an identification tag associated therewith, comprising:
 - means for storing predetermined information therein;
 - means for selectively transferring the predetermined information to the medical imaging system upon the occurrence of a predetermined event;
 - means for selectively transferring reference information from a database to the medical imaging system;*** and
 - means for storing new information in the patient-centric identification tag; and
 - programming associated with the medical imaging system for automatically selecting an optimal data acquisition protocol based on the predetermined information that is transferred from the patient-centric

identification tag to the medical imaging system *and the reference information that is transferred from the database to the medical imaging system.*

These amendments are fully supported at paragraph [0032] of the Specification of the Application.

Neither Fellegara et al., nor any of the other references cited by Examiner, disclose, teach, or suggest the querying of a database containing reference information related to other similarly-situated patients and associated data acquisition protocol selections in the automatic selection of an optimal data acquisition protocol for a patient of interest. Again, the system of the present invention is intelligent and is capable of processing information that it receives from a patient identification tag and other sources to formulate an image acquisition protocol, automatically and independent of any operator intervention.

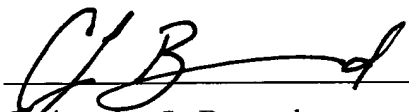
Because independent Claims 1, 10, and 18 recite elements/limitations not disclosed, taught, or suggested by Fellegara et al., or any other reference cited by Examiner, Applicants submit that the rejection of independent Claims 1, 10, and 18 under 35 U.S.C. 102(b) has now been overcome and respectfully request that this rejection be withdrawn. Likewise, because Claims 2-9, 11-17, and 19-24 are dependent from independent Claims 1, 10, and 18, Applicants submit that the rejection of Claims 2-9, 11-17, and 19-24 under 35 U.S.C. 102(b) has also now been overcome and respectfully request that this rejection be withdrawn.

CONCLUSION

Applicants would like to thank Examiner for the attention and consideration accorded the present Application. Should Examiner determine that any further action is necessary to place the Application in condition for allowance, Examiner is encouraged to contact undersigned Counsel at the telephone number, facsimile number, address, or email address provided below. It is not believed that any fees for additional claims, extensions of time, or the like are required beyond those that may otherwise be indicated in the documents accompanying this paper. However, if such additional fees are required, Examiner is encouraged to notify undersigned Counsel at Examiner's earliest convenience.

Respectfully submitted,

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